



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/000,144
	Filing Date	10/23/2001
	First Named Inventor	Lai King Tee
	Art Unit	2686
	Examiner Name	Bryan J. Fox
Total Number of Pages in This Submission	Attorney Docket Number	4041L-000102

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.
Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael J. Schmidt	Reg. No.	34,007
Signature					
Date	December 6, 2004				

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Michael J. Schmidt	Express Mail Label No.	EV 570 163 551 US (12/3/2004)
Signature		Date	December 3, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

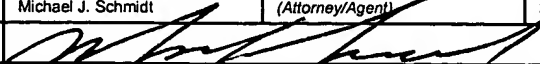
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EV 570 163 551 US

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO FEE TRANSMITTAL DEC 03 2004 for FY 2005 Effective 10/01/2004. Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/000,144
		Filing Date	10/23/2001
		First Named Inventor	Lai King Tee
		Examiner Name	Bryan J. Fox
		Art Unit	2686
TOTAL AMOUNT OF PAYMENT (\$)		110	Attorney Docket No. 4041L-000102

METHOD OF PAYMENT (check all that apply)		3. ADDITIONAL FEES																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order																																	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C.																																	
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																	
FEE CALCULATION																																	
1. BASIC FILING FEE																																	
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td><td></td><td></td></tr><tr><td>1001 790</td><td>2001 395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 350</td><td>2002 175</td><td>Design filing fee</td><td></td></tr><tr><td>1003 550</td><td>2003 275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 790</td><td>2004 395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1001 790	2001 395	Utility filing fee		1002 350	2002 175	Design filing fee		1003 550	2003 275	Plant filing fee		1004 790	2004 395	Reissue filing fee		1005 160	2005 80	Provisional filing fee					
Large Entity	Small Entity	Fee Description	Fee Paid																														
Fee Code (\$)	Fee Code (\$)																																
1001 790	2001 395	Utility filing fee																															
1002 350	2002 175	Design filing fee																															
1003 550	2003 275	Plant filing fee																															
1004 790	2004 395	Reissue filing fee																															
1005 160	2005 80	Provisional filing fee																															
SUBTOTAL (1) (\$)		0																															
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																	
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>42</td><td>-47 ** = 0</td><td>18</td><td>0</td></tr><tr><td>4</td><td>-5 ** = 0</td><td>88</td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>0</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	42	-47 ** = 0	18	0	4	-5 ** = 0	88	0	Multiple Dependent			0																
Total Claims	Extra Claims	Fee from below	Fee Paid																														
42	-47 ** = 0	18	0																														
4	-5 ** = 0	88	0																														
Multiple Dependent			0																														
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td><td></td><td></td></tr><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 88</td><td>2201 44</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 300</td><td>2203 150</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 88</td><td>2204 44</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1202 18	2202 9	Claims in excess of 20		1201 88	2201 44	Independent claims in excess of 3		1203 300	2203 150	Multiple dependent claim, if not paid		1204 88	2204 44	** Reissue independent claims over original patent		1205 18	2205 9	** Reissue claims in excess of 20 and over original patent					
Large Entity	Small Entity	Fee Description	Fee Paid																														
Fee Code (\$)	Fee Code (\$)																																
1202 18	2202 9	Claims in excess of 20																															
1201 88	2201 44	Independent claims in excess of 3																															
1203 300	2203 150	Multiple dependent claim, if not paid																															
1204 88	2204 44	** Reissue independent claims over original patent																															
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																															
SUBTOTAL (2) (\$)		0																															
*or number previously paid, if greater; For Reissues, see above																																	
		Other fee (specify) _____																															
		*Reduced by Basic Filing Fee Paid																															
		SUBTOTAL (3) (\$)																															
		110																															

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Michael J. Schmidt	Registration No. (Attorney/Agent)	34,007	Telephone	(248) 641-1600
Signature		Date	December 3, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.